



# DOCUMENTATION OF DIRECT SERVICES PROVIDERS

State Form 52810 (9-07) / CS 0027

1. Legal name of applicant entity / agency

## INSTRUCTIONS:

- This form is to be completed by entities that are applying for Outpatient Certification. Supply the legal name of the applicant entity / agency.
- Name of person providing direct service** - List the names of all individuals who provide services directly. A direct services provider is defined as an individual, a contractor, employee or volunteer who provides counseling, psychological, medical, or social services on behalf of a provider of addiction treatment services. *The term is not exclusive to the addictions program and services, but includes ALL persons in the entity/agency in all capacities who provide medical, mental health, addiction and social services on behalf of the entity. Students in supervised academic internships/practicums are excluded.*
- Service Type** - Indicate the type of service each person provides. Use the following key:  
Co – Counseling    Psy – Psychological    Med – Medical    Soc – Social Service
- Status** - Indicate the working relationship of each direct services provider to the applicant entity/agency. Use the following key:  
E – Employee    V – Volunteer    C – Contracted Staff member.
- Send ONLY DMHA Approved License / Credential\* - Attach a copy of APPROVED license(s) verification from the Indiana Professional Licensing Agency web site (<http://www.in.gov/pla/express>) or approved credential(s) to meet these requirements:**
  - At least fifty percent (50%) of the direct services providers must be licensed or credentialed as follows: A licensed clinical social worker, a licensed mental health counselor, a licensed marriage and family therapist, a psychologist, a physician, an advanced practice nurse or certified nursing specialist or an individual credentialed in addictions counseling by a credentialing body approved by the division.
  - At least one (1) of the direct services providers must be specifically credentialed in addictions counseling by a credentialing body approved by the division. **Approved Division of Mental Health and Addiction counseling credentials are:**

National Association of Alcoholism and Drug Abuse Counselors	(NAADAC)
International Certification and Reciprocity Consortium Alcohol and Other Drug Abuse	(IC&RC/AODA)
American Academy of Health Care Providers in the Addictive Disorders	(AAHCPAD)
Indiana Association for Addiction Professionals (IAAP), a NAADAC Affiliate	<b>ICAC II only</b>
Indiana Counselors Association on Alcohol and Drug Abuse (ICAADA)	<b>CADAC II or CCS only</b>
American Society of Addiction Medicine	(ASAM)
American Board of Psychiatry and Neurology	(ABPN)
American Psychological Association	(APA)

\* Membership only in any of the listed organizations does not meet the requirement.

2. NAME OF PERSON PROVIDING DIRECT SERVICE	3. SERVICE TYPE	4. STATUS	5. DMHA APPROVED LICENSE, CREDENTIAL	CURRENT LICENSE / CREDENTIAL DATE OF EXPIRATION (month, year)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				